



Fairfax County Park Authority
Pick Up Authorization
(For School and Vendor Based Locations)

Child's Name: _____

Camps Child is Enrolled in: _____

The following people are authorized to pick up my child from the FCPA program. I understand my child will be allowed to leave with these individuals only. Photo identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number

Name of persons NOT allowed to pick up my child: _____

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature _____ **Date** _____

DO NOT MAIL THIS FORM. DROP OFF ON FIRST DAY OF CAMP.